

# MARYLAND JUDICIARY

## APPLICATION FOR EDUCATIONAL ASSISTANCE

Fiscal Year 2008

Note: Application for Educational Assistance must be submitted to your supervisor 15 business days prior to registration.  
Before completing this form, please read the Educational Assistance Policy for all eligibility requirements.

Employee's Last Name      First Name      MI		Social Security Number:		Hire Date
Job Title		Department		Location
Probation Completion Date				
Course Title and Identification Number (Attach brochure/catalog course description)		Seminar Hours/Credits		Name and Address of Organization Providing Education
Course Duration Start Date _____ End Date _____  Course Hours Day(s) _____ Time _____		Education Costs Tuition Registration Text Books Other Fees (List)		State Assistance     Other Assistance
Totals \$ _____		\$ _____		\$ _____
Total amount requested for reimbursement after conditions for reimbursement are met. \$ _____ <b>(Reimbursement amount for Fiscal Year 2009 cannot exceed \$2,500.00)</b>				
1. Benefits of course for professional development (explain). Use back of form or attachment if more space is needed.				
2. Additional course information (degree or certificate program, etc). Use back of form or attachment if more space is needed.				
I certify that the information provided in the Application for Educational Assistance form is correct. Further I agree to the twelve-month service requirement included in the Policy on Educational Assistance. Should I fail to meet the service requirement, I agree to immediately refund to the State of Maryland Judiciary reimbursements received for outside training.				
Signature _____		Date _____		
Course recommended Course not recommended  Reviewed by (signature of supervisor):  If the course is not recommended, use the back of this form or attachment for comments.		Title:		Date:
Approved by (signature of Clerk of Court/Unit Director/Administrative Clerk):		Title:		Date:
Reviewed by (signature of Director of Human Resources):		Title:		Date:
Original to: Human Resources		Course Approved Course Not Approved		Copy to: Supervisor to forward to employee
Received by: _____		Date: _____		